

**NH DEPARTMENT OF REVENUE ADMINISTRATION
Municipal Services Division
Auditor Option and Schedule – RSA 41:31-b**

If your municipality expended federal assistance in excess of \$500,000 you may be required to have an audit under the requirements in Governmental Auditing Standards or the Single Audit Act. Check with the federal granting authority prior to selecting auditor type.

At the top of the page enter town, school or village district name, address, phone number, and email address. Indicate the fiscal year period for which this audit is being completed.

Enter the auditor option, name and address of independent public accountant or audit firm (if applicable) and estimated date of completion.

If your municipality has a population of under 750 and are requesting or have requested an alternative plan in lieu of the annual audit requirement, please indicate such and refer to the Audit Waiver Request form MS-60W.

An authorized municipal official must sign and date where indicated.

MAIL THE FORM WITHIN 10 DAYS AFTER THE CLOSE OF THE FISCAL YEAR.

NH Department of Revenue Administration
Municipal Services Division
PO Box 487
Concord, NH 03302-0487

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MUNICIPALITY: _____ **CONTACT NAME:** _____

ADDRESS: _____

Phone #: _____ **Email:** _____

FISCAL PERIOD: _____ **TO:** _____

Per RSA 41:31-b, "Any municipality that has not hired an auditor under RSA 21-J:19, shall, at the annual meeting, under an article in the warrant, choose one or more auditors...."

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1. Locally Elected Auditor Option: _____

A. Anticipated completion date: _____

2. Independent Public Accountant Option: _____

A. Name and Address of Independent Public Accountant, Audit Firm or Individual:

B. Anticipated completion date: _____

3. Alternative Option - We have been granted an Audit Waiver under RSA 41:31-c, II: _____
(attach copy)

A. Anticipated Completion Date: _____

AUTHORIZED SIGNATURE

DATE

Under penalties of perjury, I declare that I have examined the information contained in this form and to the best of my belief it is true, correct and complete.

FOR DRA USE ONLY

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P.O. Box 487 Concord, NH 03302-0487
(603) 230-5090